

State of Connecticut
Department of Consumer Protection
Commission of Pharmacy
165 Capitol Avenue, Room 147
Hartford, CT 06106 - Telephone: 860-713-6070



Pharmacy Intern Change in Internship Training

In accordance with Sections 20-576-8 of the Regulations of Connecticut State Agencies, you must notify the Commission of Pharmacy, in writing, within five days, of **any change(s)** in internship training.

Pharmacy Intern's Name: _____
Registration Number: PCI. _____
Effective Date of Change(s): ____ / ____ / ____

**Please check all that apply and return by mail to the
Department of Consumer Protection, Commission of Pharmacy, 165 Capitol Avenue,
Room 147, Hartford, CT 06106 or by fax to (860) 713-7242.**

[] *Date of Commencement of the Practice of Pharmacy*

Date: ____ / ____ / ____

[] *Change in the Place of Supervision*

New Place: _____
(Name of Business)
Address: _____
(Street)

(City/Town) (State) (Zip Code)

Pharmacy License Number of Business: PCY. _____

[] *Change of the Pharmacy Intern Preceptor*

New Preceptor's Name: _____
(First, Last)
Preceptor's Pharmacist License Number: PCT. _____

[] *Change in the Hours of Supervision*

New Hours: _____

☐ ***Cessation of Supervision***

Date: _____/_____/_____

☐ ***Change of Intern's Name***

Previous Name: _____
(First, Last)

New Name: _____
(First, Last)

☐ ***Change of Intern's Address***

New Address: _____
(Street)

(City/Town) (State) (Zip Code)